

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE																									
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		2		CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS		<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																			
IN COUNTY OF WARREN		IN CITY		LEBANON		DATE OF CRASH		3/12/14		DAY		WED		TIME: MILITARY		1145																	
CRASH OCCURRED ON		915 N. Broadway		WITHIN THE INTERSECTION OF		Lot of Dominoes																											
IF NOT IN INTERSECTION		N		W		E		S		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE																			
LOG-1		LOG-2		LOC		JUR		FH9		FILT																							
A		UNIT NO.		1		NO OF OCCUPANTS		1		OPERATING		<input checked="" type="checkbox"/>		PARKED		<input type="checkbox"/>		DRIVERLESS		<input type="checkbox"/>		HIT & RUN NON CONTACT		<input type="checkbox"/>		INSURANCE CO OR AGENT		Argonauts					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Dane, William		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		2077 W. St Rt 63 Lebanon OH																											
PHONE NO.		513-403-5964		BIRTH DATE		12/17/81		AGE		32		SEX		M		SOCIAL SECURITY NO.				STATE		OH		DRIVER'S LICENSE NO.		RU197282		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME)		City of Lebanon		ADDRESS		50 S. Broadway Lebanon														PHONE		513-932-3060											
VEH YR		2013		MAKE		Ford		MODEL		TK		COLOR		White		STYLE				STATE		OH		LICENSE PLATE NO.		872YNZ		TOWING SERVICE		VEH/PED DIR			
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input checked="" type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE													
8		UNIT NO.		NO OF OCCUPANTS		0		OPERATING		<input type="checkbox"/>		PARKED		<input checked="" type="checkbox"/>		DRIVERLESS HIT & RUN NON-CONTACT		<input type="checkbox"/>		INSURANCE CO. OR AGENT		Erie Ins											
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)																													
PHONE NO.				BIRTHDATE				AGE				SEX				SOCIAL SECURITY NO.				STATE				DRIVER'S LICENSE NO.				OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME)		Satchell Enterprises		ADDRESS		915 N. Broadway #4 Lebanon														PHONE		513-932-1431											
VEH YR		08		MAKE		Smart		MODEL		25		COLOR		White		STYLE				STATE		OH		LICENSE PLATE NO.		DME6365		TOWING SERVICE		VEH/PED DIR			
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input checked="" type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE													
C		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES																					
D		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		SEX		CONDITION																					
E		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		SEX		RESTRAINTS																					
F		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		SEX		ALCOHOL																					
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A		B		C		D		E		F		A		B		C		D		E		F	
O		B		C		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A		B		C		D		E		F		A		B		C		D		E		F	
RECEIVED CALL		1145		DISPATCHED		1147		ARRIVED		1151		CLEARED		1200		OTHER TIME		10		TOTAL MINUTES		25											
DATE REPORT FILED		3/12/14		PHOTOS		YES NO		OFFICER'S NAME		Morris		BADGE NO.		131		CHECKED BY																	
I NOT EJECTED																																	
2 PARTIAL																																	
3 TOTAL																																	
4 TRAPPED INSIDE VEHICLE																																	
I NO ALCOHOL DETECTED																																	
2 USING PRESCRIBED DRUG																																	
3 USING ILLEGAL DRUG																																	

LOCAL FILE NO

14-4392

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION